

**APPLICATION FOR
CERTIFICATE OF COMPLETION
OF APPRENTICESHIP**

Name of Apprentice:

Social Security Number:

MATC #

Program Sponsor:

Sponsor's Address:

ON-THE-JOB-TRAINING

The above named apprentice has satisfactorily completed the apprenticeship on-the-job work processes as specified under standards registered with the Maryland Apprenticeship and Training Council for the occupation/trade listed below.

RELATED INSTRUCTION:

The above names apprentice has satisfactorily completed the apprenticeship related instruction totaling hours and covering subject areas as outlined in the standards registered with the Maryland Apprenticeship and Training Council for the occupation/trade listed below.

Occupation/Trade:

Date of initial agreement:

with

OJT credit hrs. and

RI credit hrs.

Date of OJT Completion:

Date of RI Completion:

Total of OJT Completion:

Total RI Hours Certified:

REMARKS:

IT IS RECOMMENDED THAT A CERTIFICATE OF COMPLETION BE AWARDED.

Signature of Sponsor

Signature of School Official

Title

Title

Date

School

Date